CANDIDATE BIOGRAPHICAL INFORMATION

EMPLOYEES' RETIREMENT SYSTEM BOARD OF CONTROL

Please complete and return with your Petition for Nomination of Candidate.

Name (Mr./Mrs./Ms./Dr.)			
Address:			Daytime Phone No.: ()
Address: Street Addr	ress or P. O. Box		
		Zip	Email Address:
City	State	Zip	
Agency Retired With:			Fax No.: ()
Position Retired From:			Years of Service:
(B.A., B.S., etc.), major c affiliations, and any award	course of stu ds or honors be included o	ıdy, and th you have ı	ation about yourself. Please list degrees earned he college or university attended, professiona received. Please continue on back if necessary Web site. Due to space on the ballot, please limi
-			
You may write an additio This paragraph will be in words.	nal paragraj cluded on tl	ph explaini he RSA We	ing why you would like to serve on the Board eb site only. Please limit the paragraph to 200

Note: The paragraphs above will be used verbatim on the ballot and Web site. If you are completing your application by hand, please check that the information is legible.